

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011 NOV 16 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000022394

1. Limited Liability Company's Name

JDM Partners, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

9800 N.W. 41 Street

3. Mailing Office Address

2525 Ponce de Leon Blvd.

Suite, Apt. #, etc.

270

Suite, Apt. #, etc.

5th Floor

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33137

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/21/2001

6. FEI Number

26-0000013

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ZIGLAW

Street Address (P.O. Box Number is Not Acceptable)

4500 Biscayne Blvd.

Suite, Apt. #, Etc.

201

City

Miami

State

FL

Zip Code

33137

E-mail Address:

700214156027
11/09/11--01027--019 **402.50

gvalle@thegarciacompanies.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Gellie Jean Mall

Date 10/31/11

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Dany Garcia Johnson	9800 NW 41 Street, Suite 270	Miami, FL 33178
MGR	Malcom Brown	9800 NW 41 Street, Suite 270	Miami, FL 33178
REINSTATEMENT - 2010 - 2011			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Dany Garcia Johnson

Date 11/2/2011

Daytime Phone # (305) 243-7700

Typed or printed name of signing Managing Member/Manager

Dany Garcia Johnson

C.S.